

MIAMI-DADE COUNTY
DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center
11805 S.W. 26 St., Miami, FL 33175-2474
Phone: (786) 315-2000

miamidade.gov/permits/

APPLICATION FOR PLAN REVISION

PLEASE FILL OUT COMPLETELY

THIS IS FOR REVISION ONLY. IF YOU ARE REQUIRED TO REISSUE THE PERMIT, SEE PERMIT APPLICATION.

(IF THIS IS A REVISION TO A ROOFING, SHUTTER, WINDOW, FENCE, FIRE ALARM, FIRE SPRINKLER, OR FIRE SUPPRESSION PERMIT,

PLEASE PROVIDE THE SPECIFIC PERMIT NUMBER FOR THE SUBSIDIARY PERMIT)

Master Permit Number 2016-037029
Job Address 7872 Fisher Island Dr
Contractor's Number CGC 1513696
Last (4) digits of Qualifier No. _____
Contractor's Name AE Atelier, Corp
Qualifier's Name Edna Viteri
Owner's Name Joseph H Reich / Carol F. Reich

Contact Name Edna Viteri
Address 9450 NW 58 St. #104
City Doral State FL Zip Code 33178
Phone Number (305) 934-8842
Description of Revision Revision due to field conditions

Residential (Single Family or Duplex) ☐ Commercial ☒

Application is hereby made for plan revision as indicated below. I certify that all information is accurate. I understand that my plans will be reviewed only by the review disciplines indicated, and those required by the review agencies. (See Table of Required Reviews on back of application). I am aware that any error in indicating the disciplines required may result in the need for further plan revisions or inspection delays. The plan revision affects the following disciplines. (Check all that apply.)

Is this a revision to a roofing, shutter, sign, window, fence, fire alarm, fire sprinkler or fire suppression permit? If so, or if you would like all reviews relating to original permit issued please check here ☐.
*** (Note to staff if box above is checked use "A" instead of "R" for revision type) ***

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Building | <input checked="" type="checkbox"/> Electrical | <input checked="" type="checkbox"/> Fire |
| <input type="checkbox"/> Impact Fee | <input checked="" type="checkbox"/> Mechanical | <input type="checkbox"/> Planning |
| <input checked="" type="checkbox"/> Plumbing | <input type="checkbox"/> Public Works Concurrency | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Shop Drawing | <input type="checkbox"/> Sign | <input type="checkbox"/> Structural |
| <input type="checkbox"/> Zoning | <input type="checkbox"/> Foundation to Shell (Note to staff: use "H" for revision type) | |
| <input type="checkbox"/> Environmental Services (DERM) | <input type="checkbox"/> Foundation to Complete Structure (Note to staff: use "N" for revision type) | |

x Joseph H. Reich
Signature of Owner or Owner's Agent
Print Name Joseph H. Reich
STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 21
day of April, 20 16
by Joseph H. Reich

Signature of Notary Public Sandra Benavides
Print Name SANDRA BENAVIDES

Edna Viteri
Signature of Qualifier
Print Name Edna Viteri
STATE OF FLORIDA, COUNTY OF MIAMI-DADE
Sworn to and subscribed before me this 1st
day of July, 20 16
by Edna Viteri

Signature of Notary Public Sandra Benavides
Print Name SANDRA BENAVIDES

0001123882 - 7/13/2016 8:14:29 AM
REVISION 07052016
My Commission Expires December 12, 2017

(SEAL)
SANDRA BENAVIDES
Commission # FF 76373
My Commission Expires December 12, 2017

Examiner Alan Iglesias Date Rec'd Stamp 7/20/16 Date Issued Stamp 7/20/16 Name Edna Viteri

or Produced Identification _____ or Produced Identification _____

Approved Alan Iglesias Date 7/20/16 Time 1:53 PM Type of Identification Produced _____